

1.

Completion of this questionnaire is required under the CSB Performance Contract Agreement and is directly tied to VD1 35.7 of the Department of Justice (DOJ) Settlement Agreement. This questionnaire should be completed in conjunction with review of the 2021 QRT End of Year Report. This questionnaire seeks your input regarding the DD Waivers' Performance Measures found not to be in compliance in SFY 2021. Even if your agency did NOT received a citation from the relevant reviewing entity in SFY 2021 for a performance area covered in the report, please use your professional judgement to provide feedback on the reason(s) for noncompliance.

* 1. Name of the person completing questionnaire

* 2. Title of the person completing this questionnaire

DS Director

Other Staff Designee (please specify title)

* 3. Name of CSB/BHA

* 4. **Performance Measure C8:** Number and percent of provider agency staff meeting provider orientation training requirements (DMAS). Please indicate the following:

5. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

* 6. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet
- We have referred providers to DBHDS for training.
- We have attended Provider Rountable/SC meetings with discussion on the topic
- We have attended a DBHDS training/received technical assistance on this topic
- We have worked with individual providers to remediate this area of noncompliance.
- We have not received a citation in this area.

Other remediation (please specify)

* 7. **Performance Measure C9: Number and percent of provider agency direct support professionals (DSPs) meeting competency training requirements.** Please indicate the following

8. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

* 9. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider Rountable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area.

Other remediation (please specify)

* 10. **Performance Measure D1: Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities and desired outcomes. (DMAS)**

11. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

* 12. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider Rountable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area.

Other remediation (please specify)

* 13. **Performance Measure D3:** Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities and desired outcomes. (DMAS)

14. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

* 15. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider Rountable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area.

Other remediation (please specify)

* 16. **Performance Measure D6:** Number and percent of individuals whose service plan was revised, as needed, to address changing needs.

17. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

- Support Coordinator turnover
- Time/workload demands of Support Coordinator/Provider
- Training issue - Support Coordinator/Provider may not recognize when the Plan needs to be updated
- Easier to keep the same goals from year to year
- Changes are made to support the person but not added (documented) until the Plan is due to be updated
- Primary focus is on changes needed to support the individual's health and safety

Other reason (please specify)

* 18. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider Roundtable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area.

Other remediation (please specify)

* 19. **Performance Measure G4:** Number and percent of individuals who receive annual notification of rights and information to report ANE

20. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

* 21. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider Rountable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area

Other remediation (please specify)

* 22. **Performance Measure G10:** Number and percent of participants 19 years and younger who had an ambulatory or preventive care visit during the year.

23. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

* 24. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider Rountable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area

Other remediation (please specify)

25. Do you have any additional feedback on any PM not expressly solicited in previous questions?

* 26. Please provide overall feedback on the QRT EOY Report on a scale from 1-5 where (5) is the best possible score and (1) is the worst.

	5	4	3	2	1
Overall Report Structure and Format	<input type="radio"/>				
Executive Summary and Conclusions	<input type="radio"/>				
Part I. Data Provenance for Health and Safety Measures	<input type="radio"/>				
Part II. State Fiscal Year 2021 Quality Review Team Reporting	<input type="radio"/>				
Appendix A: Acronym Guide	<input type="radio"/>				
Appendix B: Data Source Index	<input type="radio"/>				
Overall Feedback on Tool/Ease of Use	<input type="radio"/>				

27. Do you have any additional feedback on the overall QRT EOY Report and/or the QRT CSB Review Questionnaire Feedback tool you would like to share?